UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI
NORTHERN DIVISION

THE UNITED STATES OF AMERICA — PLAINTIFF

VS. — CIVIL NO. 3:16CV00622CWR-FKB

THE STATE OF MISSISSIPPI — DEFENDANTS

TRIAL TRANSCRIPT
VOLUME 6

BEFORE THE HONORABLE CARLTON W. REEVES
UNITED STATES DISTRICT JUDGE
MORNING SESSION
JUNE 10, 2019
JACKSON, MISSISSIPPI

REPORTED BY: BRENDA D. WOLVERTON, RPR, CRR, FCRR
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*** DAILY TRANSCRIPT ***

APPEARANCES:

FOR THE PLAINTIFF:	MR. MATHEW SCHUTZER MS. REGAN RUSH MS. DEENA FOX MS. HALEY VAN EREM MR. PATRICK HOLKINS
FOR THE DEFENDANT:	MR. JAMES W. SHELSON MR. REUBEN V. ANDERSON

TABLE OF CONTENTS

THE COURT: Good morning. I apologize for the delay. It's Monday and I was out on Friday so we're trying to get some things taken care of early this morning. I am aware of the email that I received from Ms. Rush over the weekend. Way to make me smile the first thing in the morning. By the end of the week you will have me smiling even more, I'm sure.

Before we start this morning, I wanted to talk about scheduling for today. The lunch hour will probably be a little bit longer than usual. I have a speaking obligation over the lunch hour so it will probably be about an hour and a half. Maybe, maybe not. I mean, I'm going to go over there and say what I have to say and come back. And I know I have to take a break in the late afternoon because I have a matter that I have to deal with that's aside from this case and I'm hoping we could go until about 5:30 today to try to make up for the time. So if that poses a problem for witnesses or whatever, just let me know, but that's how I want today to sort of progress if possible. All right?

Is there anything we need to take up before we get the next witness?

MR. SHELSON: Just briefly, Your Honor.

THE COURT: Make sure you're speaking into the microphone.

MR. SHELSON: Your Honor, it's great news on that United States is going to finish earlier than anticipated. I

just want to say a couple things about that. United States anticipates finishing sometime on June 17th. If we could just start June 18th without regard to when they finish on the 17th, that would help us tremendously.

We had our experts locked in for certain dates including dates in July. We think we've got all those adjusted over the weekend. Bottom line is we think we can finish on June 27th. There may be a day or two where it gets to be 3 and we're out of witnesses but may not. There may be one or two instances of that and I just wanted to bring that to the court's attention.

THE COURT: Okay. That won't be a problem. I expect the government to start on the 18th or 19th, if you have to, to figure out where you might go based on what the final testimony is on the last day that the government -- before the government rests. So this is a bench trial. We're real flexible. So...

MR. SHELSON: Thank you, Your Honor.

THE COURT: All right. Is the government ready to call its next witness?

MR. HOLKINS: Yes, Your Honor.

THE COURT: You may proceed.

MR. HOLKINS: Your Honor, if I may, I would like to give you a brief preview of what we have planned for the day before I call our next witness.

THE COURT: Okay.

MR. HOLKINS: First up is Kim Sistrunk, a PACT provider in Region 3. Next we have Robert Blair Duren, who is a PACT consumer. Next we have Daniel Byrne who is one of the United States' clinical experts. And if time permits, we plan to call Ledger Parker today. He is the executive director of Mississippi United to End Homelessness which administers the State's supported housing program.

THE COURT: Okay. Thank you.

MR. HOLKINS: Additionally, I have an update on CR. She is the family member we discussed on the first day of trial. She was deposed by the State on Friday and we expect to call her tomorrow.

THE COURT: Okay. Thank you.

MR. HOLKINS: Thank you, Your Honor.

THE COURT: All right. You may call your next witness.

MR. HOLKINS: Thank you. The United States calls Kim Sistrunk.

THE COURT: All right. Just step around, Ms. Sistrunk, and place your right hand on that Bible, please.

KIM SISTRUNK,

having first been duly sworn, testified as follows:

THE COURT: Thank you. You may take a seat. Ms. Sistrunk, the microphone is there before you and somebody was gracious enough to already pour you a glass of water.

THE WITNESS: I will need it.

THE COURT: Okay. Please speak into the microphone loudly enough for us to hear it. The court reporter is taking down everything that is being said so it's important to speak at a pace at which she can keep up with you.

THE WITNESS: Yes, sir.

THE COURT: All right. Please allow the lawyers to finish their questions before you begin to speak so that the two of you will not be speaking at the same time. And make sure all your responses are verbal. If you're going to nod or shake your head, say yes or no and try to avoid using uh-huh and huh-uh. And if you will, state and spell your name for the record.

THE WITNESS: Kim Sistrunk, K-I-M, S-I-S-T-R-U-N-K.

THE COURT: Thank you. I don't think you have to bend down. You look uncomfortable bending down so you can adjust it any way you see fit.

THE WITNESS: Okay.

THE COURT: Thank you. You may proceed, counsel.

MR. HOLKINS: Thank you, Your Honor.

DIRECT EXAMINATION

BY MR. HOLKINS:

Q Good morning, Ms. Sistrunk.

A Good morning.

Q First I want to make clear that this case has a fact cutoff

of December 31st, 2018. For the purposes of my questions today, I would appreciate it if you could focus on facts that existed through the end of 2018. Is that okay?
A Yes.
Q Ms. Sistrunk, what do you do for a living?
A I'm the supervisor at the PACT program in North Mississippi in Tupelo.
Q And do you work for a community mental health center?
A Yes. Lifecore Health Group.
Q Is that known as Region 3?
A Yes.
Q How long have you worked as a PACT team supervisor at Region 3?
A One year and nine months.
Q What is the overarching goal of PACT?
A The PACT program's mission is to help individuals to maintain and sustain in the community and to prevent hospitalization and incarceration.
Q We will talk more about PACT in a minute but first I have some questions about you.
A Okay.
Q Where did you grow up?
A Tupelo, Mississippi.
Q And how long have you been working in the mental health field?

A Almost 24 years.
Q What made you want to pursue this work?
A My father was killed in Vietnam and after his death my mother had a break, and from that point she was hospitalized on and off over 20 years.
Q What do you mean by "a break"?
A She had a psychotic episode.
Q And where was she hospitalized?
A At that time she went to a hospital in Memphis, Tennessee.
Q Was she ever treated in State Hospitals in Mississippi?
A Yes.
Q What was it like for you to see your mom go into State Hospitals in Mississippi?
A It was very difficult, being that she was my only parent that was living. And so certainly for her to be hospitalized, to have the issues that she had that led her to needing to be hospitalized, was very difficult and difficult as a child.
Q Ms. Sistrunk, could you briefly describe your educational history starting with your college degree?
A I have a bachelor's in psychology. I have a master's of science in counselor ed, education, educational psychology with a community emphasis.
Q Where did you obtain your master's degree?
A Mississippi State University in Starkville.
Q I would like to discuss your path to the Region 3 PACT

team. Could you quickly run through the jobs you had before joining the PACT team?

A Yes. Directly out of graduate school I worked for Region 3 in Tupelo, Mississippi, then moved to Aberdeen, Mississippi at Aberdeen Memorial Hospital and worked on a geropsych unit, a senior care unit. I left there and became employed at North Mississippi State Hospital in Tupelo, Mississippi, was employed there for 12 years serving both clinically and administratively. I then left and went to the Department of Mental Health in the Division of Alzheimer's and Other Dementia and was there for four years, and I have now been at PACT with Lifecore for a year and nine months.

THE COURT: Okay. Let me interrupt for a second. Counsel, are you able to see anything on your screen?

MR. HOLKINS: The real time is not updating on the screen right now. And if we are able to --

THE COURT: Well, let's see if we can get that fixed, Brenda.

(SHORT PAUSE)

MR. HOLKINS: Thank you, Your Honor.

THE COURT: All right. Ms. Rush, do you need to be able to see anything?

MS. RUSH: No, Your Honor. Ms. Sistrunk is very clear. Thank you.

THE COURT: All right.

BY MR. HOLKINS:
Q Ms. Sistrunk, why did you decide to join the Region 3 PACT team?
A So that I was able to return to providing services in an adult psychiatric setting.
Q Let's talk a bit about Region 3.
A Yes.
Q How many counties are in Region 3's catchment area?
A We serve seven counties.
Q In how many of those counties is PACT available?
A In Lee County.
MR. HOLKINS: At this time I would now like to pull up a preadmitted exhibit, PX-413.
BY MR. HOLKINS:
Q Ms. Sistrunk, I would first like you to name the six other counties in Region 3.
A We have Union, Pontotoc, Chickasaw, Monroe, Itawamba.
Q Focusing on the seven counties in Region 3, does this map accurately reflect the availability of PACT as of June 30th, 2018?
A Yes.
Q Did the availability of PACT in Region 3 change between that date and the end of 2018?
A No.
Q As of December 31st, 2018, were there any plans to expand

PACT beyond Lee County in Region 3?
A Not to my knowledge.
Q Ms. Sistrunk, does your program get referrals from the counties in Region 3 where PACT is not available?
A Yes.
Q How often does that happen?
A Monthly.
Q And how often per month?
A Anywhere from maybe two to four times.
Q Has the number of referrals from outside of Lee County increased over time?
A It's remained pretty steady.
Q How do you handle these referrals from outside of Lee County?
A Trying to refer them to mainly the community mental health center that is in that particular town, whether it be Timber Hills or Communicare or if Lifecore has a satellite office in that community.
Q If those individuals are not able to move to Lee County, can you provide them PACT services?
A No.
Q What other community-based mental health services do you refer these individuals to in their home counties?
A Mainly just the community mental health centers.
Q And are the services that they receive at those community

mental health centers less intensive --
A Yes.
Q -- than the PACT service that you provide in Lee County?
A Yes.
Q And how are those services less intensive than PACT?
A Typically because most often individuals are seen, for example, therapy once a month, and to see a provider probably once a month or no more than once a month.
Q And how is that different from PACT?
A Well, PACT, you can see individuals every single week. So, therefore, they could receive therapy every single week. They could see a provider as needed weekly if necessary.
Q I have a few more questions about the people you can't serve because they're outside of Lee County. Do those individuals have similar mental health needs as the people you serve on your PACT team?
A Yes.
Q How do you feel about having to turn those individuals away and refer them for less intensive services in their home counties?
A It's difficult because, you know, oftentimes they are aware, the individual is aware or that provider from that community is aware, of PACT services, and when you know what your providing services are and you're not able to provide those and wish that you could. Uh-huh.

Q Let's talk about staffing --
A Uh-huh.
Q -- of your Region 3 team. As of December 2018, how many staff members worked on the Region 3 PACT team?
A Ten.
Q What are the roles of the nine other PACT team members?
A Well, it would be 11 including me.
Q Okay. And what are the roles of the other 10?
A We have a psychiatric nurse practitioner. We have two therapists, three including myself, two registered nurses, two community support specialists, one peer support specialist, an employment and housing specialist, and a program coordinator.
Q How regularly are PACT team members in contact with each other?
A Every day, all day.
Q Does the PACT team use any tools to facilitate communication between team members?
A Yes. We utilize an app that's called GroupMe, and we communicate all day long, through the night, on the weekend.
Q In general, how would you describe the collaboration between PACT team members?
A Excellent. We have a great team, very cohesive team. We are very supportive of one another and step up whenever we need to to make changes based on crises that may happen.
Q What population does Region 3's PACT team target?

A Adult psychiatric.
Q Does that include adults with serious mental illness who have a history of repeated hospitalization?
A Yes.
Q What are some of the obstacles to community integration that your PACT clients commonly face?
A Housing, employment, transportation, obtaining medications, lack of support from family or others that they may know.
Q What makes PACT the right service for the population you have described?
A It makes the right service because of the level of involvement and intensity that goes into the services that are provided.
Q How does Region 3 get its clients?
A By referral.
Q Where do those referrals come from?
A They come from the crisis centers, North Mississippi State Hospital, Behavioral Health with the North Mississippi Medical Center, the Lee County jail, the Salvation Army, S.A.F.E. We have case managers that have worked with United Healthcare who have provided some referrals.
THE COURT: You indicated S.A.F.E. Is that an acronym for something?
THE WITNESS: It is a domestic violence home.
THE COURT: Okay. And the name of it is S.A.F.E.?

THE WITNESS: S.A.F.E.
THE COURT: Thank you.
THE WITNESS: Yes, sir.
MR. HOLKINS: Thank you.
BY MR. HOLKINS:
Q You mentioned getting referrals from crisis centers. Right?
A Yes.
Q Is that the same as a crisis stabilization unit?
A Yes.
Q Ms. Sistrunk, does your team get referrals from crisis stabilization units outside of Region 3's catchment area?
A From crisis centers, maybe not necessarily a crisis stabilization unit. Primarily it's the stabilization unit that is with Lifecore.
Q How common is it for Region 3's PACT team to get referrals from crisis centers outside of its catchment area?
A We have, yes.
Q Does it happen regularly?
A Sometimes. It varies. Maybe every other month.
Q What is the initial assessment process for clients who have been referred to your PACT team?
A We go to the referral site where the individual is and provide a preliminary assessment in terms of what their awareness may be of the PACT program, assessing the criteria

needed in order for an individual to be served on -- within the PACT program. We would then -- once that is determined, we would set up an intake with that individual and do a total what we refer to as a round table where it's a multidisciplinary approach with all of the PACT staff and the individual.

Q Are clients ever skeptical of this service during these initial assessment meetings?

A Yes, sometimes.

Q How do you handle that?

A Spend time talking with them, building a rapport, giving -- assessing sort of what their goals are, what their needs are, and then given the opportunity to be able to share with them some of the success stories that we've had and the things that we're able to provide to help them meet those needs and to be successful.

Q What kind of relationship do you strive for between PACT clients and staff?

A Respect. Being able to respect them goes a long way in being able to help them because oftentimes there are trust issues because of active symptoms that they may have, such as paranoia primarily, sometimes others, such as hallucinations or delusions, and helping them to feel more at ease and comfortable about receiving these services.

Q And why does it matter whether PACT clients and staff have the kind of relationship you just described?

A To me, it makes the difference in their success to have, you know, a good therapeutic working relationship.
Q Once a client has enrolled in PACT at Region 3, what services does the team provide?
A The psychiatric nurse practitioner would evaluate their medications based on what their symptoms are or difficulties that they may be having. We have two nurses that prepare medication boxes weekly for probably three-fourths of the clients. We deliver those medications. They also give injections that are needed and keep up with when those injections are due. They also set up medical appointments that they may need to address, whether it be acute needs or it be chronic medical problems.

We have therapists that we provide individual one-on-one therapy on a weekly basis. We provide groups, various types of groups. The community support specialists help individuals who may need guidance and advocacy for obtaining Medicaid, Social Security, driver's license, birth certificates.

The peer support specialist is very integral in being able to also provide in those groups along with a therapist to advocate for them in a different capacity and help to sort of be a voice for those clients in sharing with staff what other needs there may be that we may not be aware of.

The employment and housing specialist works very closely with MUTEH, which is Mississippi United to End Homelessness.

And we actually have their database. And so we initiate that process so that we can go ahead and begin housing for individuals that need or may be homeless.

Q Thank you. Generally where are PACT services provided?

A They are provided at the PACT building, in the individual client's home, and in the community.

Q Why does your team provide services at clients' homes?

A We have some individuals that have limited mobility which makes it difficult for them to come to the building, some individuals, depending on maybe their symptoms that they have, very strongly paranoid, have difficulties with severe anxiety and being in groups of people.

Q How often do your clients receive PACT services, whether at the PACT building or in their homes?

A At a minimum, three times a week. For some, it's more than that. It could be five or more just depending on what those needs for a particular individual may be.

Q I would like to drill down on a few of the services that you mentioned. You described the housing related services that your team provides. My question is why is access to housing important for your PACT clients?

A So they're not sleeping in a tent or on the streets or sleeping at the library or at a church. There's various places it may be that they are, or under a bridge, and it's very difficult to take care of one's mental health needs as well as

medical needs if they don't have food, clothing and shelter.
Q If your clients don't have access to safe housing, does that affect their ability to fully participate in and benefit from PACT services?
A It does create difficulties. Unfortunately, some express often to us until they're in housing the difficulties that there can be. For example, those who may be in tents and various places that I mentioned, as well as at the Salvation Army when they're staying in the Salvation Army's lodge, that they have had their belongings stolen, their medication stolen, food stamp cards, their personal belongings or effects have been stolen.
Q Are you familiar with the CHOICE program in Mississippi?
A Yes, the housing program.
Q In your experience, has that program been effective in helping your clients access the housing they need?
A Yes.
Q Could you give an example of a client your team has helped with accessing housing through CHOICE?
A Yes. We have had a number of individuals. We had two who were actually staying in a tent together, and both of those individuals have been able to obtain housing through the program, the housing program. But we've had numerous.
Q How has obtaining housing affected those individuals?
A Very positively. It gives them a sense of, you know,

independence and safety, because oftentimes they may have knives on them, they may have bats, they may carry other things just because of the nature of being homeless, that they carry weapons with them.

Q How does your team help clients with accessing employment?

A For many we begin with the Mississippi Department of Rehabilitative Services with a program that they have called Ability Works. And it serves as a transitioning opportunity. Many individuals who have never been employed or maybe it has been quite some time before they have had employment and it's to help them to gradually transition back into the workplace.

Q Do you have people on your PACT team who are not ready to work?

A Yes.

Q How do you approach those individuals?

A Just assessing sort of what their goals may be and what to them work looks like. I think oftentimes what they share with us is just a fear and anxiety that there may come with, you know, returning to work.

Q And how do you help them overcome that fear and anxiety about returning to work?

A We have groups that individuals that are seeking and/or interested in employment. We do actually employment groups as well as working with them during times of individual therapy to sort of work through some of the fears or the anxieties that

they may experience.
Q What kinds of jobs do your PACT clients have?
A We have individuals that have worked in furniture. They have worked retail, working large supermarkets. We have an individual that works for a chemical company. So a number of types of employment.
Q How do your clients who do work benefit from employment?
A Greatly. I mean, especially for a, you know, financial aspect. Oftentimes you have individuals, those that haven't worked at all, you know, it gives them the opportunity to make their own money and which creates greater independence for them as well as being able to purchase medications and other personal things that they -- that they need.
Q Would you give an example of a client who has benefited from the team's employment-related services?
A Yes. We have a lady who is in her forties and she was able to begin working at a furniture manufacturing place. Through that, she worked towards increasing her credit score so that she could obtain her own vehicle, of which her previous vehicle had been taken from her, from her family. And she really wanted the independence because she felt like they had so much control over her life.

And so we worked through that and she has just recently obtained employment at another manufacturing company. And the nurse practitioner has worked closely with her with the two

medications that she has been on to titrate her down from those medications and she has done extremely well. She is very proud.
Q Before this individual got a job at the furniture manufacturing company, how long had it been since she worked?
A A little less than a handful of years.
Q I would like to shift to another service that your PACT team offers, therapy. What is the goal of therapy?
A The goal of therapy serves to be able to educate individuals about their symptoms and ways to manage those symptoms that they experience. It could be lots of trauma for individuals, different types or forms of abuse that they've experienced, isolation, loneliness, anxiety, depression.
Q How long do therapy visits last typically?
A At least an hour, sometimes more than an hour.
Q How often do therapy visits occur?
A Weekly.
Q Does the PACT team organize social activities for its clients?
A Oh, yes.
Q What kinds of activities does the PACT team organize?
A We just recently went to Veterans Park and we had a picnic and we had lots of different activities and games that they could participate in, even brought fishing poles and crickets for some older gentlemen that are on our PACT program that

haven't done that in a number of years. We have done bowling, to the movies. So...

Q Why does the PACT team organize activities like this for its clients?

A Many of these clients do not either have family or family that lives nearby or family that's involved, you know, in their lives. Many of them don't have the financial means to do these things. Sometimes they don't even have the financial means to do what they need to do just for living. And so it gives them an opportunity to be with others and build those relationships with others who are in the program to help with, you know, isolation issues and just being able to do things that most of us are able to do in our lives. It kind of can bring a little bit of normalcy to their lives.

Q What does the PACT team do when clients start having increased symptoms of mental illness?

A We intervene and assess those situations to determine what those needs may be, if it's something that the PACT team, along with all of us as providers within the team, can manage and help that individual. There may be times that that individual needs to go to a crisis stabilization unit. And then there may be some occasions that they would be hospitalized.

Q By intervening in these moments, is your team able to prevent mental health crises?

A Yes. There are -- definitely have been times that we have

been able to do that.
Q When clients do experience mental health crises, is a team available at all times to assist them?
A Yes.
Q What does the team do to deescalate clients when they're experiencing mental health crises?
A We come together as a team. Oftentimes we will all meet with them and be able to sit down and work through what is going on and what it is that we're able to do to help to manage -- help them to manage the situation along with each of us.
Q Could you share an example of a time when your team was able to divert a client in crisis from a State Hospital admission?
A Yes. We had a gentleman who is in his early to mid fifties and he was suicidal, and he does not have any family around. He has a brother but they're not really involved in his life. And he primarily just has the PACT team. And he became very suicidal and so we were able to have him come in, work with him, and we did have him go to the crisis stabilization unit. He was there about four or five days and they did tweak some medications for him, and so which was very successful. And because of where we are located, we are right next door, so we are fortunate in that sense that we are located right next door so that we were able to visit him to let him know that we were

still there and that we had not forgotten about him and that he was, you know, being thought about.
Q And when this individual was discharged from the crisis stabilization unit, did he reconnect with your PACT team?
A Oh, immediately. We transported him home.
Q Had this person been suicidal in the past before he enrolled in PACT?
A Yes. Uh-huh.
Q What happened when he experienced those same symptoms before enrolling in PACT?
A He went one time to Behavioral Health and another time to North Mississippi State Hospital.
Q And by Behavioral Health, do you mean North Mississippi Medical Center?
A Yes.
Q Why is it important in your mind to bundle together all of the PACT services you have described today?
A Because of the level of intensity that can be provided within the scope of the services. There is not really, to my knowledge, any programs that can provide what each of the individuals professionally can provide to them therapeutically, medically, with medications, when you're looking at three to five times or more a week, depending on what those needs may be.
Q Did some of your clients experience multiple State Hospital

admissions before connecting with the PACT team?
A Yes. We have had a good number of individuals that have been hospitalized prior to coming to the PACT program.
Q From your perspective, how did the experience of repeated state hospitalization affect those individuals?
A Some, it was very difficult, very scary, just something that for some, you know, that had not been, just being, you know, locked down within a facility.
Q How long do your PACT clients typically receive the service?
A On an average about a year to a year and a half. We have some that have been with us longer. Their issues are more chronic and persistent, so there have been some that have been on longer than what I have been there as a supervisor.
Q How do you determine if a client is ready to leave?
A Sometimes they determine it. Sometimes they feel like that they have met their goals and what their needs were in coming into the program and so we've had some that said, "I think I've done what, you know, I needed to do." And other times it may be, you know, us as a team looking at they have been able to obtain housing, to obtain employment, they have been stabilized on medications, they have a greater understanding of what their medications are and what those medications help them with.
Through therapy and group, we've been able to, you know, help them manage difficult times, difficult relationships in

their lives so that it's not sort of a trigger for them.
Q Is the lack of other intensive community-based mental health services at times a barrier to transitioning clients off of PACT?
A I would say yes. The only services that I know are the community mental health centers. Those are the only ones that I am aware of and that we would refer back to. So, for example, those that have, you know, left the PACT program, if they still see that they need services, they can do adult case management through Lifecore, the community mental health center, Region 3, and then continue to see a provider to have prescription refills. But outside of -- I mean, there are private providers, yes, but oftentimes financially these individuals may not necessarily be able to do that.
Q You have mentioned sharing success stories with incoming clients. I'm curious. What does success look like for a PACT client?
A Well, this is something that we discuss often. It's actually something that I personally do a group with because I think success can easily become defined for any of us, and so ideally what success looks like to one person is not necessarily what it is for another person.
So you have a person coming to us who doesn't have a roof over their head, doesn't have employment, doesn't have basic life needs. That in itself is success for many. Others

actually have employment. You know, they're employed. We have an individual who just recently has gotten a second part-time job. He likes money, so he likes to be able to have money for what things that he needs, and he is looking to buy a vehicle.

So it varies from person to person. You have individuals who when they come to us they may be in the part of their life where returning to school. Maybe for some it could be getting a GED, that they didn't complete school. Then you have older individuals who they are through that part of their life of having families and, you know, they are at 60, 70, and, you know, it's looking to help them find things to be engaged in. So when you're looking at of ages, you know, 18 and above to 70 or 80 years old, there is a lot of differences as to what success would look like for each person.

Q Have you seen PACT clients achieve those kinds of outcomes?

A Oh, yes. Yes.

Q Ms. Sistrunk, how does PACT affect the lives of the adults with serious mental illness whom you serve?

A Significantly. I mean, it's an opportunity that I'm grateful to have and be a part of. It means a tremendous amount to me to see individuals gain independence and be able to take care of themselves, know that other people care about them and their well-being and their success.

Q Is PACT effective, in your experience, in preventing hospitalizations for adults with serious mental illness?

A Absolutely. Absolutely.
Q Based on your 24 years in the mental health field, what is the most effective service in helping adults with serious mental illness avoid hospitalization?
A I have worked in a lot of places, and they all have served individuals, but honestly I have not ever worked in a program that functions and serves the way that a PACT program does.
MR. HOLKINS: I have no further questions at this time, Your Honor.
THE COURT: All right.
MR. SHELSON: May I proceed, Your Honor?
THE COURT: Yes, you may.

CROSS-EXAMINATION

BY MR. SHELSON:
Q Good morning, Ms. Sistrunk.
A Good morning.
Q I'm Jim Shelson. I'm one of the lawyers representing the State of Mississippi in this lawsuit. I won't keep you long this morning.
A Okay.
Q Ma'am, as of December 31st, 2018, approximately how many clients did the Region 3 PACT team have?
A When I came into the program, there were approximately 29. We now have 46.
Q And when did you come into the program?

A A year and nine months ago, September 26, 2017.
Q How would it affect your ability to deliver the PACT services you do deliver if you had, say, 80 clients?
A Very difficult.
Q And why is that?
A We are so intensely involved in so many aspects of each person's life. Transportation, for one, when you look at this from one side of the service area to the other side of the service area, could be almost an hour in travel. So there's a lot -- basically, that there's a lot of time that's spent on the road even though you are doing things to provide for them, but that's a lot of time.
Q So there is only so many clients you can deliver that intensity of service to?
A Uh-huh.
Q Do you agree with that?
A That there would be a number, sort of a cap, to what we -- the number of individuals that we could serve?
Q Effectively.
A Uh-huh. Yes.
Q I want to follow up with something that Mr. Holkins asked you about, and it's where you get your -- where Region 3 gets its PACT referrals from.
A Uh-huh.
Q One of the things I want to ask you about is CIT officers.

What are CIT officers?
A What are -- they are crisis.
Q Intervention?
A Uh-huh.
Q And are they police officers trained in crisis intervention techniques?
A Yes.
Q Does Region 3 get referrals from CIT officers?
A Yes.
Q Does Region 3 get PACT referrals from the Lee County jail?
A Yes.
Q Does someone from Region 3 visit the Lee County jail daily?
A Not daily.
Q How frequently?
A Mainly when we are contacted. If they contact us to see if an individual happens to be a part of the PACT program or if we have an individual who is there or if there is an individual that they feel like would need services.
Q Does Region 3 have a mobile crisis team?
A We have had a mobile crisis team. Uh-huh.
Q How does -- when the Region 3 PACT team gets a call from the Lee County jail, what does it do?
A We go to the jail and assess that individual.
Q And if it's not an existing PACT client, could that individual become a PACT client?

A Yes, if they met the criteria.
Q Has that happened before?
A Yes, actually. Yes.
Q Does Region 3 have a crisis stabilization unit?
A Yes.
Q And what is a crisis stabilization unit and how does it work?
A The crisis stabilization unit may receive individuals that come through by way of a CIT officer. It could be that they're self-referred or a family brings them. We have actually referred to them. Other entities that are aware of the crisis stabilization unit have also utilized it.
Q To your knowledge, does North Mississippi State Hospital have a peer bridger program?
A Yes.
Q At North Mississippi State Hospital, what is the peer bridger program?
A The peer bridger program, the person who is the peer bridger, she attends the meetings every Wednesday and she comes to the PACT building and we go over those individuals that are looking to be referred to the PACT program so that we can initiate that process by scheduling an appointment with the social worker to go to the State Hospital and do the initial assessment.
Q Based on your experiences, is the peer bridger program an

effective program?
A Oh, yes.
Q Now, I just wanted to talk about your testimony that the Region 3 PACT team delivers services to -- PACT services to Lee County.
A Yes.
Q Is there any sort of prohibition from the Mississippi Department of Mental Health on PACT services being delivered to counties outside of Lee County?
A Not to my knowledge, no.
Q The United States has an expert named Robert Drake. This is -- I want to share with you a page of his report and I want to ask you about it, this highlighted part here. Do you see that on your screen? It says, "Even services called Program for Assertive Community Treatment, PACT, appear to be targeting medication compliance more than community integration and recovery." Is that statement true of the Region 3 PACT team?
A No, sir.
Q And why is it not true of the Region 3 PACT team?
A We do a tremendous amount that helps to actually integrate them into community services because we understand the importance of what that can be in their actual recovery.
Q Based on your experience, does the Region 3 PACT team deliver PACT services in sufficient intensity to meet the needs of its clients?

A Yes. Yes.
Q And I agree with you, but I take it you think Region 3 PACT team does a very good job?
A Absolutely.
Q And explain to the court why you believe that.
A Because I'm working even when I'm on vacation. We do a lot. We schedule a tremendous amount of needs that these people have, and there are appointments every day almost of every single week, and it takes every single one of us to make this happen.
Q Does the Region 3 PACT team have a good relationship with North Mississippi State Hospital?
A Oh, absolutely. Yes.
Q Do you have a good relationship with DMH?
A Absolutely.
Q One more thing I wanted to follow up that Mr. Holkins asked you about in the Region 3 community mental health center, what services do they offer?
A We have a part of Lifecore that is referred to as midtown. At midtown there are both medical primary services and there are mental health services. There is Telehealth. We have adult case management therapy as provided. We have chemical dependency services. We have some satellite clinics that are in some areas. The PACT program, the crisis stabilization unit, support therapists that are in the school systems.

Q I'm going to ask you about an individual Mr. Holkins mentioned earlier today who is testifying next, Robert Duren. Are you familiar with that individual?
A Yes, sir.
Q Is he a Region 3 PACT client?
A Yes, sir.
Q As of December 31st, 2018, how was he doing with the PACT team?
A Doing very well.
MR. SHELSON: May I approach the witness, Your Honor?
THE COURT: Yes, you may.
BY MR. SHELSON:
Q Ma'am, here are some individuals we cannot refer to by name and we have to refer to them by a number.
A Uh-huh.
Q I wanted to talk to you about an individual.
A Sure.
Q Can you refer to him as person 59?
A Yes.
Q Ma'am, are you familiar with person 59?
A I am.
Q Is person 59 a Region 3 PACT client?
A He has been a Region 3 PACT client.
Q And as of December 31st, 2018, was he a Region 3 PACT client?

A No.
Q Do you believe the Region 3 PACT team delivered effective PACT services to person 59?
A Yes.
MR. SHELSON: Your Honor, may I have a moment to confer?
THE COURT: Yes, you may.
(SHORT PAUSE)
BY MR. SHELSON:
Q Ms. Sistrunk, where does the funding for the Region 3 PACT team come from?
A The Department of Mental Health.
Q And does that come in the form of a grant?
A Yes, sir.
Q Is it an annual grant?
A Yes, sir.
Q Is it $600,000?
A Yes, sir.
Q Could you function without that grant?
A No.
MR. SHELSON: Thank you, Your Honor. That's all the questions we have.
THE COURT: All right. Any redirect of this witness?
MR. HOLKINS: Just a few questions, Your Honor.

REDIRECT EXAMINATION

BY MR. HOLKINS:
Q Ms. Sistrunk, you mentioned that your PACT team receives grant funding from the Department of Mental Health. Correct?
A Yes.
Q Does your team also rely on Medicaid funding for its services?
A Yes.
Q You testified that it would be difficult to serve up to 80 clients on your PACT team. Is that correct?
A To the degree that we provide services, yes.
Q What are the obstacles to expanding enrollment in your PACT team?
A It would be transportation. PAs are difficult. I'm sorry, prior authorizations that are required to obtain Medicaid units to bill for the individual services that we provide. It would just -- it would change what the scope of that looks like. It would be less in many ways of what we're able to do. There is only so many hours in a day and a lot of that is spent on the road.
Q Does your team have a full-time or a part-time prescriber?
A That position is two days a week.
Q Would it help in terms of expanding enrollment in PACT to have access to more prescriber hours?
A Yes, because even when that prescriber is there two days a week, they are often called all the other days as well.

Q Have you received any guidance from the Department of Mental Health or the Division of Medicaid about how to expand enrollment in the service despite these obstacles?
A No. Not necessarily, no.
Q Have you received any guidance from the Department of Mental Health or the Division of Medicaid on how to maximize available Medicaid funding for the PACT service?
A No.
Q Have you received any guidance from the Department of Mental Health or the Division of Medicaid about PACT practices in other states?
A No.

MR. HOLKINS: No further questions.

THE COURT: All right.

MR. HOLKINS: Your Honor, assuming there are no further questions, we would ask for a short break before --

THE COURT: I will. I will do that but I have a couple of questions first for Ms. Sistrunk.

In describing your background, Ms. Sistrunk, you indicated that your father died or was killed in Vietnam and your mother had -- I believe what you called had a break.

THE WITNESS: Yes, sir.

THE COURT: Okay. Could you tell me how old you were at that time that your mother had the break?

THE WITNESS: It actually occurred when I was one year

old, and my family intervened at that time in order to seek services for her.

THE COURT: Okay. And did you grow up in the home of your mother? I mean, was your mother -- from that point was she able to take care of you through elementary and high school and all that?

THE WITNESS: Yes and no. Her hospitalizations over a 20-year period, on average, if you took the number of hospitalizations over the course of that period of time, it varied, but it was around every two to three years that she became hospitalized.

THE COURT: And do you know for how long -- I mean, how long those hospitalizations were?

THE WITNESS: Sometimes they were a few weeks but sometimes -- there was one time I was 12 years old and I went to live with my family in Frederick, Maryland, and that was for three months.

THE COURT: Okay. Is your mother still alive?

THE WITNESS: Yes, sir.

THE COURT: Okay. Is she receiving any sort of treatment, either hospitalizations or using any sort of mental health services?

THE WITNESS: We see a private physician.

THE COURT: All right. Now, you also -- this is transitioning. You also indicated that the PACT that you're in

includes the six-county region in Region 3, and I think you testified -- I'm just trying to find out. You live in -- well, the PACT is located in Lee County.

THE WITNESS: Yes, sir.

THE COURT: Does one have to be a resident of Lee County to take the benefits of the PACT services?

THE WITNESS: Yes, sir.

THE COURT: In other words, as a region that composes six counties, Itawamba, I believe you indicated, Pontotoc and those other counties, a person who would need PACT services in the region cannot come to Lee County to get the PACT services?

THE WITNESS: They can if they relocate to Lee County.

THE COURT: Okay. But they have to reside in Lee County.

THE WITNESS: Yes. I mean, we don't turn someone away if they are looking or willing to relocate in order to receive the services, which we do have.

THE COURT: But as far as you know, the PACT that is there in Lee County can only serve the residents of Lee County?

THE WITNESS: Yes, sir.

THE COURT: And it doesn't matter if you live right across the line in one of the adjoining counties?

THE WITNESS: No, sir.

THE COURT: Doesn't matter if you are five minutes away from Tupelo or wherever you all are?

THE WITNESS: It's just Lee County.

THE COURT: All right.

THE WITNESS: Yes, sir.

THE COURT: I think your testimony showed that as of late 2018, you had 29 clients around.

THE WITNESS: When I came into the program in September, we had right at 29. Throughout the course until as of last week, we took our 46th client.

THE COURT: Okay. So are you currently taking new clients?

THE WITNESS: We have a long waiting referral list right now, but yes.

THE COURT: Okay. How many clients can your PACT group handle as of today based on the resources you currently have, based on the staffing, based on whatever it is that you need to --

THE WITNESS: And I'm just basing it on my time, experience, awareness of what the program provides. I'm going to say to do well and to serve them well, 60, 65. And that would really be pushing it.

THE COURT: Do you know how many people are on the wait list?

THE WITNESS: We have approximately like 11 or 12 that we are trying to do the actual intake process with.

THE COURT: Okay.

THE WITNESS: Some are -- you know, they have been referred to us so they're in the hospital. We're waiting for them to come out so that they can come to the building to do the intake that puts them actually into PACT services.

THE COURT: And so if you were to reach that number of 60 and 65 or around that number or so, would you all -- as you currently are configured, would you just stop taking additional people?

THE WITNESS: I don't know that it's that we would necessarily stop but we would have to get really creative. Our scheduling is really tight, and things that complicate matters is when there are crisis situations, which we are faced with most every day. And so that kind of disrupts the scheduling that has been set for the day.

THE COURT: Now, there are other PACTs across the State of Mississippi, you would agree, or do you know?

THE WITNESS: Four others. We make five.

THE COURT: You think that there are just five? My only question was do you have any -- my only question will be do you have any sort of communications or any discussion with people in other PACTs and how they do things?

THE WITNESS: No, sir.

THE COURT: Okay. All right. You indicated that there is a wait list through I guess private maybe physicians and maybe hospitals and other agencies. I think you may have

mentioned the Salva- -- where you get your referrals from, Salvation Army?

THE WITNESS: Yes.

THE COURT: Do you get any referrals from the local court systems, either chancery, youth court, county court, circuit court?

THE WITNESS: Not to my knowledge have we, no.

THE COURT: Okay. Do you know if any persons come to PACT straight from the local jail, for example?

THE WITNESS: Yes.

THE COURT: They do?

THE WITNESS: Yes.

THE COURT: Do you know what percentage? And this is totally off the top of your head. I understand.

THE WITNESS: Yeah. It's not great. I mean it's minimal. However, the previous that you mentioned, we have some individuals that maybe were not referred to us necessarily from those particular courts but they have at some point maybe in their history have been within the scope of those courts, meaning that they have been in those, they didn't necessarily get referred to us from them but it's in their history.

THE COURT: Okay. And I think this is the final question. You also indicated that you work with homeless shelters or the homeless community.

THE WITNESS: Uh-huh.

THE COURT: Again, I'm not trying to tie you to any specific estimate on the percentage of those persons, but do you -- I guess what, if any, percentage of people might come through you? How do the homeless people get to you? Is that only through S.A.F.E.?

THE WITNESS: No, sir. Through the Salvation Army. It's been a couple of months ago that we actually had four individuals referred to us at the same time, four men, and all four of them were homeless. And we have three of those four have been placed into housing. The fourth one hopefully will happen within the next one to two weeks.

THE COURT: Okay. And this may be repetitive and I apologize to the parties, but could you tell me who makes up your PACT team in Region 3?

THE WITNESS: The staff?

THE COURT: Yeah, and their positions.

THE WITNESS: Okay. We have a psychiatric nurse practitioner. We have two therapists. We have two community support specialists. We have two registered nurses. We have one peer support specialist, one employment and housing specialist, one program coordinator, and myself as a therapist providing both clinically and administratively.

THE COURT: Okay. Thank you so very much.

THE WITNESS: Yes, sir.

THE COURT: Any follow-up to the United States based

on the questions that I have asked?

MR. HOLKINS: No, Your Honor.

THE COURT: All right. Any follow-up, Mr. Shelson, to the State based on the questions that I have asked?

MR. SHELSON: Yes, please, Your Honor.

THE COURT: All right.

MR. SHELSON: May I proceed, Your Honor?

THE COURT: Yes, you may.

BY MR. SHELSON:

Q Ms. Sistrunk, when an individual gets referred to the Region 3 PACT team, is there a process that occurs by which you determine whether the individual will be accepted to the PACT team?

A Could you repeat that?

Q Yes. When you get a referral to the Region 3 PACT team, is there a process you go through to determine whether you will accept that individual?

A Not necessarily a process but there are certain criteria as far as diagnosis, maybe the number of hospitalizations and/or incarcerations, treatment that they have received that they continually repeat, that there is recidivism that occurs.

Q So do you accept everybody who is referred?

A I would say about 98 percent. I mean, you do have individuals that choose not to receive services.

Q Okay. And so to clarify one other thing, we talked about

going from 19 clients on your team to 46. Is that right?
A Twenty-nine.
Q Excuse me. Twenty-nine to 46.
A Uh-huh.
Q What was the period of time you went from 29 to 46?
A That's been a gradual process since I came. There's times we have taken steps forward, people have, you know, kind of graduated from the program. So throughout the course of my year and nine months, that's pretty much just been the course that it has taken in which we have gotten to, which we have been striving for that, to increase those numbers.
Q That's what I'm driving at. So it took a year and nine months to go from 29 to 46.
A Uh-huh.
Q Yes?
A Yes.
Q And you mentioned people graduate from the program. So, for example, right now you have 46 clients. Over your year and nine months, the PACT team has obviously served more than 46 individuals. Is that correct?
A Yes.
MR. SHELSON: Thank you, Your Honor.
THE COURT: All right. Any follow-up based on those questions to the United States?
MR. HOLKINS: No, Your Honor.

THE COURT: All right. Is this witness finally excused?

MR. HOLKINS: Yes, Your Honor.

THE COURT: All right. Ms. Sistrunk, thank you for your testimony. You may return to your regular duties.

THE WITNESS: Yes, sir. Thank you so much.

THE COURT: All right. Thank you.

At this time we will take a 15-minute recess. This will be our morning break. And if we have to take another little one before the lunch hour, that will be fine too. Court is in recess.

(RECESS)

THE COURT: Is there anything we need to take care of before you call your next witness?

MR. HOLKINS: No, Your Honor. We're ready to go.

THE COURT: Are you ready to proceed?

MR. SHELSON: We're ready, Your Honor.

THE COURT: All right. You may call your next witness.

MR. HOLKINS: The United States calls Robert Blair Duren.

ROBERT BLAIR DUREN,

having first been duly sworn, testified as follows:

THE COURT: Mr. Blair, these are just general instructions. Speak into the microphone.

THE WITNESS: Hello.

THE COURT: Yes. And the court reporter is taking down everything that's being said, so speak at a pace at which she can keep up with you. Allow the lawyers to finish their questions before you begin to speak so that the two of you will not be speaking at the same time. And make sure all your responses are verbal. If you nod or shake your head, say yes or no and just try to avoid using uh-huh and huh-uh so that the record will be clear about what you're saying.

If you will, for the record, will you please state and spell your name.

THE WITNESS: Robert Blair Duren. R-O-B-E-R-T. B-L-A-I-R. D-U-R-E-N.

THE COURT: D-U-R-E-N?

THE WITNESS: Yes, sir.

THE COURT: Okay. All right. Thank you.

You may proceed.

DIRECT EXAMINATION

BY MR. HOLKINS:

Q Good morning.

A Good morning.

Q What name do you prefer to be called?

A Blair.

Q Blair? I first want to make clear that this case has a fact cutoff of December 31st, 2018. For the purpose of my

questions today, I would appreciate it if you could focus on facts that existed through the end of 2018. Is that okay?
A That's fine.
Q Blair, have you received PACT services in Mississippi?
A I have.
Q Where have you received PACT services?
A In Tupelo, Mississippi.
Q In what year did you start receiving PACT?
A In 2017.
Q We're going to discuss your experience receiving PACT in more detail but first I have some questions about you. Where did you grow up?
A In Gulfport, Mississippi. I also grew up in New Orleans as well, too.
Q Do you have any siblings?
A I have a half-brother.
Q Where does he live?
A He lives in Gulfport.
Q What was your childhood like?
A It was really good. I was an athlete. I had lots of friends and, you know, family was around.
Q Which sports did you play?
A Football, basketball, baseball, tennis.
Q How old are you?
A Thirty-six.

Q Where do you live?
A I live in Tupelo, Mississippi, right now.
Q Do you have your own place?
A I do.
Q How much education do you have?
A I dropped out of the ninth grade but I did go to Job Corps to get a trade, and I got a trade in data entry.
Q Have you worked before?
A Yes. I've worked ever since I was 15. I was a car detailer. I worked in restaurants, some fast food but some major restaurants, too, as well.
Q What do you like to do for fun, Blair?
A I like video games in my spare time. I like movies and music.
Q Blair, what are your goals for yourself?
A My main goals right now is I have never owned a car, never had a driver's license, so I would like to get my driver's license and I would like to get my GED.
Q Blair, is it okay if I ask you some questions about your mental illness and the services you received for it?
A That's fine.
Q How old were you when you started to experience mental illness?
A I was 16.
Q When were you diagnosed with mental illness?

A In 2002. I was 19.
Q What was that diagnosis?
A Well, first they said it was acute schizophrenia, and there was no drugs in my system or anything like that. You know, they tested me and they couldn't understand where it came from. I had a terrible psychiatric episode.
Q And do you still have that diagnosis?
A Yes.
Q Blair, have you been admitted to a State Hospital in Mississippi?
A I have.
Q How many times have you been admitted to a State Hospital in Mississippi recently?
A Three times.
Q In what year did those admissions occur?
A 2017.
Q Let's go back to the first admission in 2017. Was that to North Mississippi State Hospital in Tupelo?
A Yes, but it was also -- I also went to the Behavioral Medical Center, too, which there are two different types of treatment.
Q Before your first admission to North Mississippi State Hospital in 2017, were you receiving PACT?
A No.
Q Were you receiving any mental health services at that time?

A I wasn't -- I was getting help from a doctor but I wasn't -- not getting a lot of help.
Q Were you experiencing symptoms of mental illness at that time?
A Yes.
Q What symptoms?
A Hallucinations, voices, depression, paranoia, anxiety.
Q How would you describe what your life was like then before you started receiving PACT?
A It was terrible. I felt lost. I didn't have any friends. I didn't have a place to go to. I was very lost.
Q Let's skip to your third admission to the State Hospital in 2017. Before that admission, were you receiving PACT?
A Yes, I was. My second admission, I started receiving PACT but then I went right back to the hospital because my medicine wasn't right.
Q Did you have time to receive much PACT services at that time?
A No, I didn't.
Q Blair, could you describe for the court what it's like to be in a State Hospital?
A It's very scary. It's anxiety and depression and paranoia all built up. There is a lot of sick people who are very sick and have worse issues than myself, and it was very hard to be in a hospital because you were told, you know, when to go to

bed, when it's time to eat. There is no freedom. There is no independence at all, no privacy.

Q Are there things that you like to do at home that you can't do in a State Hospital?

A Yeah. I mean, I like to go to the mall. I like to go outside and get the fresh air, you know, to hang out with friends and do things. You can't do that inside of a hospital.

Q Did you have any privacy when you were in the State Hospital?

A No, I did not.

Q How did you feel about not having privacy?

A Not having any privacy at all is bad for everybody but there was just no room for it really.

Q You mentioned that you were in a State Hospital three times in 2017. Correct?

A That's correct.

Q And all of those admissions were to North Mississippi State Hospital. Right?

A Right.

Q How did you feel about going from the State Hospital to the community and then back to the State Hospital?

A I felt crippled still. I kind of felt like I was still kind of lost. And when I went back, I didn't -- I was very confused. It was because of my medicine, though. It wasn't correct.

Q Do you want to go back to a State Hospital?
A Absolutely not.
Q Why not?
A No freedom, no privacy, no independence, no -- no fun time in a hospital. You know, there is no freedom at all.
Q Did you reconnect with PACT after your third admission?
A I did.
Q Have you received PACT ever since?
A I have.
Q Have you been back to a State Hospital since 2017?
A Yes, I have.
Q Let me rephrase the question. Have you been back to a State Hospital for psychiatric treatment --
A No.
Q -- since 2017?
A Not really. Huh-uh.
Q What has helped you stay out of a State Hospital?
A The PACT services has helped me dramatically. When we are in PACT, we are given services, you know, that are handed down to us. Like for me recently, I just got a house from PACT. We're able to get medication and we're able to get transportation. We're able to get therapy. And we have group therapy and one-on-one therapies, and we have -- the services help us out a lot.
Q I want to ask you about some of the services.

A Okay.
Q You mentioned getting assistance with medication. Could you describe what assistance with medication you receive?
A We have a provider that gives us our medicine and then it goes to the nurses, and what the nurses do is they prepare a med box for the week. And the nurses will go in and they put the medicines all in correctly for us, and we get it every week. They just line it up and set it up for us. That way, people won't get confused what day they need to take their medicine.
Q Does that help you?
A Yes, it does.
Q You also mentioned therapy services. Could you describe what those are?
A I have my therapy with Kim. She is my therapist. She is also the director. But everybody's therapy is a little bit different. We have other therapists that are there that are good therapists that has filled in at times. But I get a sense of healing and good treatment from sitting and having a one-on-one with someone who is trying to help me and solve through my world problems.
Q You mentioned Kim. Are you referring to Kim Sistrunk?
A Yes.
Q And what about group therapy, how does that help you?
A Group therapy is based on we come in and we get a topic,

and when the topic comes up, we all work together. It might be coloring. It might be something, watching a movie, to answer questions about what the movie is about or something like that. But a lot of it is just writing down answers and going over it with an open discussion.

Q You mentioned receiving assistance with transportation. Where does the PACT team take you?

A Transportation? A lot of people that are in the PACT building, PACT -- in PACT don't have cars, so the staff goes out of their way to pick us up to bring us to the building or they will bring us to go grocery shopping. I knew one nurse the other day was actually -- he had to actually guide this person every which way in the store to get his groceries because he can't see that well.

And it's all from the nurses, and even Kim Sistrunk does it, too, they will pick us up and they will take us, you know, like washing clothes. They have a washer and dryer there. I don't have a washer and dryer at home but they bring us there, let us wash our clothes and then transport us back. We're always getting transported back. Some people don't realize, it's a lot of gas money. It's a lot of gas.

Q Does the PACT team organize social outings and activities for its clients?

A Yes, they do.

Q Would you give us some examples of those activities?

A Well, we have been to the park twice. One was an actual health event where it was PACT services was there. They had a whole bunch of fliers and stuff to give out to people, pens and a whole bunch of goodies. And there was other companies that were out there too.

We also went to the park, a different park, and we grilled out. We had hot dogs, sausages and hamburgers. And we go to the movies and we go to the -- go bowling, stuff like that.

Q You mentioned going to a park and grilling out. Who did the cooking?

A I did.

Q You also mentioned going to the movies with the PACT team?

A Uh-huh.

Q Before you went to the movies with the PACT team, how long had it been since you had been to the movies?

A I hadn't been in ten years.

Q What does it mean to you to be able to do things like going to the movies and going to the park through the PACT team?

A A lot of the services, like being able to do things like that, I know for myself, I wouldn't know what to do if I didn't have PACT. For example, a month ago I was living out of a hotel room because my name wasn't on a lease where my dad had just died so I was getting kicked out of the house. And Kim Sistrunk and a couple of other ladies and men worked their butts off just so I could get me my own apartment. And that's

something to be truly grateful for.
Q Did the activities that you mentioned, like going to the movies and going to the park, help you build connections with other people?
A Yes.
Q Have you made any friends through PACT?
A Just about everybody there is my friend, including staff.
Q Could you tell the court about one of the friends you have made through PACT?
A My friend David, he has been there ever since I have gotten there, and I have been there about two years now. And he -- you know, we all go through life struggles and everything but he is really coming around. You know, he is trying to get a job and trying to do really good, and I'm really grateful for that because it has become a pretty good friendship that I have with him.
Q Blair, how many times per week do you receive services from PACT?
A On a regular schedule, I go to therapy on Mondays and Tuesdays. I wash my clothes on Wednesdays, which that's a service right there to be able to do that, but I also associate with other people that are there. And then Thursdays I actually go there for group on Thursdays where they do a dinner, you know, for us. And we have two groups, one in the morning and one in the evening. So about four times a week.

Q Blair, do you see any of your PACT providers in the courtroom today?
A I do.
Q Who do you see?
A Ms. Kim Sistrunk.
Q How would you describe your relationship with Ms. Sistrunk?
A As friends. She was replacing another director that was there, and the first director was not really coherent with everything, and there was a lot of rumors and a lot of stuff that went down. But Kim does the best job there. You know, I love all the staff but she is one of my best friends there.
Q How often do you talk with Ms. Sistrunk?
A Almost every day. She has two beautiful children and a wonderful husband. But I try to almost -- if it's a Saturday or a Sunday, you know, I try not to mess with her.
Q If you need to talk with her in the evening, can you do that?
A Yes.
Q What does Ms. Sistrunk help you with?
A She helps me build structure on becoming a better person. And sometimes it's stern, you know, even in therapy and stuff. And you have to be stern about certain things, but she wants to build all of us up into being the best people that we can be. It's very difficult sometimes when you have these emotions like schizophrenia and the sickness that's with you all the time and

you're trying to go good every day. It can be difficult doing it alone.
Q Blair, you mentioned some symptoms of mental illness that you experienced back in 2017 before your admission to North Mississippi State Hospital. Do you still experience symptoms of mental illness?
A I do.
Q Has PACT helped you stay out of the hospital despite those symptoms?
A Yes. Some days are a little bit symptom-free but it doesn't really add up because I haven't really caught a day that I don't, you know, have problems with hallucinations or problems with voices and being depressed. And paranoia just comes and goes, but anxiety is one of my worst problems.
Q When you are experiencing those symptoms, how does the PACT team help you?
A Being around those guys, being around the people, it kind of helps the situation, learning different things and getting out and doing things like we talked about.
Q Blair, earlier you shared some goals that you have for yourself. Did you have hope for the future before PACT?
A No, I did not.
Q Do you have hope now?
A I do.
Q Since you started receiving PACT, how has your life

changed?
A Dramatically. I find myself happier during the day. And being around the PACT people and being around staff and stuff, you just -- it's like one big family.
Q Blair, was it difficult for you to make the decision to testify today?
A It was.
Q Why?
A I never thought I would be on a stage like this, you know. It just kind of makes you a little nervous, I guess.
Q Despite that, did you want to testify in this case?
A Yes.
Q Why?
A Because I want for what we have in Tupelo to be around the whole United States and to help people that -- because, I mean, I'm going to be honest with you, I know people right now that are in PACT that are homeless. You know, they're still going to PACT, they're still washing their clothes and doing things but they are waiting their turn just to get, you know, a house. And I was in a hotel. I mean, it could happen to me too. But I want this to go around the United States. I want people to be -- in every corner to get the PACT services.
Q Thank you.
MR. HOLKINS: No further questions at this time.
THE WITNESS: Thank you.

MR. SHELSON: May I proceed, Your Honor?

THE COURT: Yes, you may.

CROSS-EXAMINATION

BY MR. SHELSON:

Q Good morning. May I call you Blair as well?

A That's fine.

Q Thank you. I'm Jim Shelson. I am one of the lawyers for the State of Mississippi. I do not have a lot of questions for you this morning. But in any event, you testified that you have been to North Mississippi State Hospital three times?

A Right.

Q Okay. And the dates I have for the first time were March 30th, 2017 through April 21st, 2017. Is that --

A I'm not really good on dates but if that's what you want to go with.

Q Okay. And then the second admission I have for you, the dates are June 28, 2017 through July 28, 2017. Does that sound about right?

A Yes, that one does.

Q Okay. And is that the hospitalization where you were connected with the PACT team?

A I was connected with the PACT team first on my second admission. That's what I can really give you.

Q Yes, sir. And that's what I want to talk to you about. During your second admission, tell us how it happened that you

got connected with the PACT team.
A I was approached by my social worker Amanda who worked in the State Hospital and she said, you know, they were trying to get me a home and they said that they had a grant. And she told me, "Would you like to join the PACT services, join the PACT program," and I said sure. And she just got me -- it was an interview that I had to do, and I spoke with a couple people from PACT, and that was pretty much it. I mean, when I got out of the hospital, I was part of the program.
Q During your second admission, did folks from the PACT team come to the North Mississippi State Hospital to talk to you?
A They did.
Q Okay. And this next question, I don't mean to pry into your personal business, but it's following up a question Mr. Holkins asked you about. You mentioned that Kim Sistrunk and others worked hard to get you housing. Is that correct?
A That's correct.
Q What type of housing did they help you with?
A It was an apartment, a one-bedroom apartment.
Q Do you know if that housing is through any particular program?
A It is. It is called MUTEH.
Q And what is your understanding of what MUTEH is?
A I don't know that much about it. I was very desperate at the time to -- we had a lady that -- her name is Latesha --

that came to the PACT building, and she would help people get, you know, homes. And I knew some people that got homes quickly, and mine took about a month or a month and a half. But the MUTEH program basically, from what I understand, is you get the first month free because I had income, and then the next month and so on for the rest of the year, it would be 12 percent of the amount of rent.

Q As I understood your testimony, Mr. Holkins asked you, after the second time you got out of the hospital, was there some problem with your medication?

A There was.

Q And so you went back to the hospital the third time?

A Right.

Q During that third visit, were any adjustments made to your medications?

A Yes, it was.

Q All right. And then you got discharged and you have been with the PACT team ever since?

A Right.

MR. SHELSON: Your Honor, may I have just a moment to confer?

THE COURT: Yes, you may.

(SHORT PAUSE)

BY MR. SHELSON:

Q Just one more thing, sir. Since your last discharge from

the hospital and since you have been with the PACT team since then, since that time do you feel the mental health system has worked for you?

A I do.

MR. SHELSON: Thank you, Your Honor. No further questions.

THE COURT: All right. Any redirect?

MR. HOLKINS: No, Your Honor.

THE COURT: Is this witness finally excused?

MR. HOLKINS: Yes, Your Honor.

THE COURT: All right. Mr. Blair, if I may call you that -- Duren, I believe it is? Duren.

THE WITNESS: Duren.

THE COURT: Yeah. You may step down, sir.

THE WITNESS: Thank you, sir.

THE COURT: And you can return to your normal duties. You can stay in court or do whatever you wish.

THE WITNESS: I'm just going to leave with her.

THE COURT: Okay.

THE WITNESS: Thank you, Your Honor.

THE COURT: All right.

MS. RUSH: Your Honor, we have our next witness, Mr. Dan Byrne, here ready. We are ready to proceed or we can take an early lunch break.

THE COURT: We will proceed with him and we will go as

far as we can based on my schedule during this lunch hour.

MS. RUSH: Okay. Thank you, Your Honor.

THE COURT: All right.

DANIEL BYRNE,

having first been duly sworn, testified as follows:

THE COURT: Mr. Byrne, before you is the microphone. I just ask that you speak loudly and clearly enough for us to hear you. Of course the court reporter is taking down everything that is being said, so speak at a pace at which she can keep up with you. Make sure all your responses are verbal. And allow the lawyers to finish their question before you begin to answer so that the two of you will not be speaking at the same time.

So for the record, could you state and spell your name?

THE WITNESS: Yes. My first name is Daniel, D-A-N-I-E-L. Last name, Byrne. B-, as in boy, Y-R-N-E.

THE COURT: Thank you, sir. And you can bring the mic closer to you if you need to or whatever you need to do to be comfortable.

THE WITNESS: Thank you, Your Honor.

THE COURT: You may proceed.

MR. SCHUTZER: Thank you, Your Honor.

DIRECT EXAMINATION

BY MR. SCHUTZER:

Q Would you tell the court your profession.
A I am a clinical social worker.
Q Did you work as an expert for the United States in this case?
A I did.
Q What were you asked to do?
A I was asked to review cases of persons who had been in the State Hospitals, review the records and form opinions.
Q How many people did you look at?
A I looked at 35.
Q Did you write a report that sets out what you did and what you found?
A Yes, I did.
Q That report is PX-401. It's in the binder that you have up there.
MR. SCHUTZER: And, Your Honor, that has been preadmitted.
THE COURT: Thank you.
BY MR. SCHUTZER:
Q Do you agree with all the opinions in your report?
A I do.
Q Before we talk more about your report, I would like to talk a little bit more about you. How long have you been a clinical social worker?
A About 37 years.

Q What is a clinical social worker?
A A clinical social worker is someone who has at least a master's in social work and also has had additional training in mental health courses.
Q What's the difference between a social worker generally speaking and a clinical social worker?
A The clinical social worker would have had additional training in mental health subjects, had probably had more clinical supervision and would have sat for licensure.
Q As a clinical social worker, what kind of treatments have you directly provided to individuals with mental illness?
A Those services would include assessment services, diagnostic counseling, psychotherapy, referral, rehab services, things of that nature.
Q What do you mean by assessment services?
A Assessment services would be reviewing information from previous clinical records, interviewing the person, interviewing people that are close, collateral interviews, and being able to collect and synthesize the information.
Q What do you mean by collateral interviews?
A A collateral interview would be an interview that would be -- occur with someone who knows the subject.
Q What's your educational background?
A I have a master's in social work.
Q After you got that degree, did you work at Saint Elizabeths

Hospital in Washington, D.C.?
A Yes, I did.
Q I want to talk a little bit more about your work there. What is Saint Elizabeths Hospital?
A Saint Elizabeths Hospital is the state psychiatric facility for the District of Columbia.
Q When did you work there?
A I began working there in 1983 and was in and out of there a couple of times but I believe left the hospital in about 2000.
Q What sorts of mental illness did the people who were treated at Saint Elizabeths have?
A Generally, there were people that had different kinds of schizophrenia, bipolar disorders, major depressive disorders, things of that nature.
Q Was one of your jobs at Saint Elizabeths in the outplacement department?
A Yes.
Q What is the outplacement department?
A The outplacement department at the hospital was the organization that reviewed all proposed discharges to ensure that the discharge was appropriate and that the right community services were in place if the person was green-lighted for discharge.
Q How did you determine whether a discharge was appropriate?
A I determined that by again reviewing the records,

interviewing the patient, interviewing staff and, you know, coming to a conclusion about whether, in fact, this was the right thing to do.

Q In addition to working in the outplacement department at Saint Elizabeths, did you also have management roles there?

A I did.

Q What were those roles?

A I was the chief social worker for the child and youth services division. I was the risk manager for the hospital.

Q Did you have any management roles within the broader D.C. government?

A I did.

Q What were those roles?

A I was the acting director of quality improvement. I was the risk manager for the Department of Mental Health and the director of quality improvement for the Department of Mental Health.

Q When you were the acting director of quality improvement, was that also for the Department of Mental Health?

A That's correct.

Q Generally, what did those quality improvement and risk management roles entail?

A The risk management roles entailed reviewing unusual incidents or reportable incidents, looking at any allegations of whether those patient abuse -- any irregularities with

seclusion and restraint, any polypharmacy issues. And then in terms of quality improvement, my work involved auditing and ensuring that the services that were being provided met the district and federal regulations.

Q Do you still work for the D.C. government?

A No, I don't.

Q When did you leave the D.C. government?

A I retired in 2009.

Q What have you been doing since then?

A Since then I have been a consultant on various projects in a number of states.

Q Without going through every consulting job that you've had, can you describe generally what the focus of those projects have been?

A Yes. The focus sometimes was on helping organizations get ready for either Medicare or Joint Commission surveys. It could have involved if there were allegations of Medicaid/Medicare fraud. It could have also been helping organizations redesign their mental health services, things like that.

Q Have you consulted to any ACT teams?

A Yes.

Q Doing what?

A When I was an interim CEO in D.C., I had ACT teams under me and I also was a consultant at the Green Door to their ACT

teams. Green Door was another mental health provider in Washington.

Q What were you the interim CEO of in D.C.?

A I was the interim CEO of Capital Community Services.

Q What is Capital Community Services?

A They no longer are in business. They were a behavioral health provider in the District of Columbia.

MR. SCHUTZER: We offer Mr. Byrne as an expert in clinical social work and assessments for community-based mental health services.

MR. SHELSON: No objection, Your Honor.

THE COURT: Mr. Byrne will be designated as an expert in clinical social work and assessments for community-based mental health services.

You may proceed.

MR. SCHUTZER: Thank you, Your Honor.

BY MR. SCHUTZER:

Q Mr. Byrne, I would like to talk about the work that you did in this case. What questions did you answer about the people that you looked at?

A I answered questions that had to do with whether the persons opposed community mental health services, whether they would have, in fact, benefited from community mental health services, if they would have spent less time or had hospitalizations prevented, shorter hospitalizations, and

whether they were at serious risk for returning to the hospital.
Q How many people did you look at?
A I looked at 35.
MR. SCHUTZER: May I approach, Your Honor?
THE COURT: Yes, you may.
BY MR. SCHUTZER:
Q Mr. Byrne, I have handed you what we have marked for identification as PDX-9. It is also on the screen in front of you. Is this a chart of your findings about each of those questions?
A Yes, it is.
Q Let's walk through those. What did you find with respect to the question of whether people would have avoided or spent less time in a State Hospital?
A I found that 100 percent of the people I interviewed would have avoided or spent less time.
Q What did you find with respect to the question of whether people were at serious risk of going back to a State Hospital?
A I found that 87 percent of the persons that I interviewed were at serious risk.
Q What did you find with respect to whether individuals were appropriate for and would benefit from community-based services?
A I found that 100 percent would benefit from community

services.
Q And finally, what did you find with respect to whether individuals were opposed?
A I found that 100 percent were not opposed to receipt of community-based services.
Q What sort of information did you consider in order to answer these questions about the people that you looked at?
A I considered the clinical records from the hospitals as well as available community mental health records. I interviewed the persons and I also had some collateral interviews.
Q Who were the collateral interviews with?
A Generally family members.
Q Did you interview any community-based providers?
A Yes.
Q I would like to focus on the first bar, the question about whether people would have avoided or spent less time in the hospital. How is it that people would have avoided or spent less time in a State Hospital?
A If they had been receiving appropriate community-based mental health services, they probably would not have had the crises or whatever events that occurred that ended up with hospitalization.
Q How do community-based services prevent hospitalizations?
A Well, they're able to do that by helping people, you know,

maintain and improve their functionality and also by either the reduction or elimination of the symptomatology that would have troubled them.

Q What do you mean by functionality?

A How they're able to operate on a daily basis, you know, work, being at home, recreation, activities, things of the like.

Q I would like to talk about this in context of person 58. In the binder, you have a tab labeled PX-400. That's a crosswalk of the names of the individuals you looked at as well as the numbers that we will use to protect their privacy. Do you see that?

A I do.

Q And do you know -- do you remember who person 58 is?

A I do.

Q Let's turn to page 23 of PX-401 that's your report. This is the section on person 58. Correct?

A Yes.

Q Could you tell us a little bit about her?

A She is a Caucasian lady, 59 years old, had her first break, psychotic break, in her late twenties. She was hospitalized. She has had a number of hospitalizations since then. And she is really a lovely lady and, you know, had unfortunately not received the services with the intensity that she needed to maintain herself and keep herself out of the hospital.

Q Let's talk about that in a little more detail. Did she experience a series of hospitalizations in 2016 and 2017?
A Yes, she did.
Q Let's look at those visits. Was the first one into East Mississippi State Hospital in early 2016?
A That's correct.
Q Was she then admitted to East Mississippi State Hospital again for seven months from May 31st, 2016 to January 3rd, 2017?
A Yes.
Q Was she then admitted to Mississippi State Hospital in May 2017 for approximately three weeks?
A Yes.
Q Was she then admitted to Mississippi State Hospital from July 25th, 2017, to October 23rd, 2017?
A Yes.
Q Was she admitted to South Mississippi State Hospital on January 12th, 2018, through February 15th, 2018?
A That's correct.
Q Was she admitted to South Mississippi State Hospital on May 17th, 2018?
A That's correct.
Q At the time you wrote your report, did you know whether that admission had ended?
A I didn't.

Q Why did she go in and out of a State Hospital five times in two years?
A Well, there are a number of reasons. The first was that she was not receiving adequate community-based services. She had a history of being nonadherent with her medications and was not getting the level of support she needed in terms of maintaining that. She would then get disorganized, paranoid, and would begin to either threaten other people in her home or staff.
Q Was she receiving any mental health services in between these hospitalizations?
A No.
Q What services would she have needed in order to keep from going back to the hospital?
A The services that I recommended, I believe, were PACT services and supported housing.
Q Why did you determine that she would need PACT services?
A PACT services are the most intensive community-based services available. Oftentimes they will see the person three, four times a week. In the situation of this lady, they would, you know, help her remain adherent with her medication and provide the other supports that she would need to be able to successfully maintain herself in the community.
Q Had she received PACT services?
A She had not.

Q Had she been offered PACT services?
A No.
MR. SCHUTZER: Could we get PX-413 up?
I will represent to the court she lives in Forrest County.
BY MR. SCHUTZER:
Q Would you take a look at this map, Mr. Byrne. Is PACT available in her home county?
A It is not.
Q The green counties have PACT teams.
A Well, yes, it is available. I'm sorry.
Q How would PACT have impacted her going to a State Hospital?
A Well, they would have been able to provide a very robust level of service, visiting her again, you know, three or four times a week or as many times as necessary, to help her remain adherent with her medication and to help her maintain and, you know, again, live a productive life in the community.
Q You also recommended supportive housing for her. Correct?
A Yes.
Q Why?
A She had -- we had asked, you know, what some of her wishes were, and she -- in terms of her wishes, she wanted her own place, which was, you know, what many of us want. And she would have also have needed, you know, some level of support if she were to have her own place.

Q What supports would she need in order to live in her own home?
A She would need, you know, someone to check on her, make sure that, you know, the bills are getting paid, that there is food, that she is involved in some kind of day activities, that, you know, nothing that she is doing would either endanger herself or others.
Q Had she been placed in supportive housing?
A She had not.
Q Had she been offered it?
A I don't believe so.
Q What impact would supported housing have had on whether she went to the State Hospital?
A Well, if she had been in a housing configuration of her own choice, she would have had much more impetus and reason to remain in the community and to be adherent with her medication.
Q What did you conclude would have happened if she had been receiving PACT and supported housing?
A I concluded that she would have either had fewer hospitalizations or the hospitalizations would have been shorter in duration.
Q What did you conclude about whether she was at serious risk of going back to a State Hospital?
A My conclusion was that she was at serious risk.
Q Why was that your conclusion?

A It was my conclusion because based on her history, I mean, that she had had several recent hospitalizations and that she was not receiving the level of service in the community that was necessary to maintain herself successfully in the community, and not receiving those services would have put her at risk of getting nonadherent with her medication. There would be a crisis and then she would end up back in the hospital.

Q Have you treated people like person 58 in your career as a social worker?

A Oh, yes.

Q Do community-based services have an impact on whether those people went to State Hospitals?

A Yes.

Q What was that impact?

A If people were receiving the services that they needed at the appropriate intensity, oftentimes they were able to function well in the community and avoid the kinds of crises and events that happened that would push the hospitalization.

Q Would you turn in your binder, please, to page 8 of your report, which is PX-401. I am in Section 6(a), overall findings.

A Yes.

Q I would like to ask you to read the last paragraph in that section, the one that begins, "For most individuals".

A "For most individuals with mental illness whose symptoms are worsening, there are multiple opportunities for community-based services to rapidly react, intensify services, and stabilize. For the people I reviewed in Mississippi, the necessary services were not available, and those opportunities were lost. These people were admitted to the State Hospital because of those lost opportunities."

Q What did you mean by intensify services?

A What I mean by intensify in services is --

THE COURT: Dr. -- I mean, Mr. Byrne, make sure -- I realize you are reading from a notebook but just make sure you are always speaking into the microphone.

THE WITNESS: Okay.

THE COURT: The court reporter has on headphones.

THE WITNESS: Okay. Thank you, Your Honor.

THE COURT: I'm sorry. Go ahead and reask your question.

MR. SCHUTZER: Certainly.

BY MR. SCHUTZER:

Q What did you mean when you wrote "intensify services"?

A What I meant by intensify services, you know, if the person were, you know, under specific stressors and were getting more agitated and more symptomatic, that the services would then intensify, so you would either see the person more often or you would ratchet up the services to attend to that situation so

that the services would be flexible and adjusted to what the person's clinical needs were.
Q How would you expect a community-based provider to rapidly react?
A Well, I would expect them to be very aware of what the person's situation was. And if the person needed additional attention that they would be able to either bring the person into the clinic or go to the home or wherever the person was and provide those services there.
Q What did you see happening in Mississippi?
A I didn't see the services being provided that were needed, and I didn't see the -- the flexibility in terms of the intensity.
Q What impact did that have on State hospitalizations?
A Well, the impact it has is that crises are not able to be averted in the community. The person deteriorates and then they end up being hospitalized.
Q How does person 58's experience compare to the experience of the other people that you looked at in this case?
A Unfortunately, there are many similarities.
Q Can you provide a few examples of the similarities?
A Sure. There were a number of people that, you know, needed assistance with medication adherence that weren't getting that. There were also a number of people who were having crises in the community and those crises were not mediated and resolved

and, therefore, the situations would continue to worsen and the result was hospitalization.

Q I would like to go back to PDX-9, the chart, and talk about a different question. What percent of people that you looked at were at serious risk of going back into a hospital, a State Hospital?

A 87 percent.

Q Why was that?

A That number is high again because the -- the services and the level of intensity of services that these folks needed to maintain themselves in the community were not there.

Q What was different about the remaining percent of people who were not at serious risk?

A Two of those persons were receiving PACT services, and there were a couple others that my clinical determination was that their risk was not at the serious level.

Q Let's talk a little bit more about PACT services. Can you give us a one- or two-sentence definition of PACT?

A Sure. A PACT team is the most intensive community service that's offered, and it's team-based, and it generally would have a psychiatrist or an advanced practice registered nurse as the prescriber. There could be another nurse, a social worker, a team leader, a rehab specialist, a substance specialist, and maybe a peer specialist and, you know, a case manager that could assist with benefits, acquisitions, things like that.

Q And you testified that you met two people who were receiving PACT services?
A That's correct.
Q Who were they? Are you looking for a list?
A Yes.
Q It's the second tab after your report.
A Okay. Thank you. Those persons were person --
THE COURT: Make sure you are speaking into the microphone.
A Those persons were person 59 and person 62.
BY MR. SCHUTZER:
Q Let's focus on person 62. Did PACT have an impact on her hospitalizations?
A Yes, it did.
MR. SCHUTZER: May I approach?
THE COURT: Yes, you may.
BY MR. SCHUTZER:
Q (Tenders document.) I have handed you what we have marked for identification as PDX-10. Does this slide show the impact of PACT services?
A It does.
Q Can you explain what we are looking at?
A Certainly. In the upper part of the chart, the red indicates hospitalization. And then in the third row where you see that darker blue, that was the date that this person became

engaged with PACT services.

The following months in the lighter shade of blue are all of the months where this person was receiving PACT services, and there were no hospital events.

Q Are the hospitalizations shown here only the State hospitalizations?

A There also are some private hospitalizations.

Q Are those shown on this slide?

A On this slide, I don't believe so.

Q So in the first year, she had three State hospitalizations?

A Yes.

Q And since receiving PACT, she has had none?

A That's correct.

Q In addition to preventing hospitalization, has PACT had any other impacts on her mental health?

A Yes. She -- the team has been able to help her get connected to other community resources. They have been able to help her with the Meals on Wheels program. They're either able to arrange or provide transportation to doctors' visits. And they have also been able to help her with recreational activities in the community like the senior center, things like that.

Q Let's back up a little bit and talk a little bit more about person 62 and how she came to be on PACT. Would you turn, please, to page 37 of your report which is PX-401. Can you

tell us, please, a little bit about person 62?
A Yes. It is a delightful lady, lots of energy. She loved to call into the radio stations to request songs. So she was a real character, you know, lots of energy, lots of fun. And she was very fond of her PACT team and particularly the team leader of the PACT team.
Q Before she started receiving PACT, how was she doing?
A Not well.
Q Why do you say that?
A Well, based on the crises that were unresolved and also the number of hospitalizations.
Q Why did she start receiving PACT?
A I'm sorry?
Q Why did she start receiving PACT?
A She was initially a little resistant, and then through the successful engagement by the team, the determination was that -- the clinical determination was that she needed a much more intensive outpatient service, and so PACT had been identified. And she was a little resistant at the beginning, and the team continued to work with her, answer her questions, were able to explain the benefits, you know, to her that they could provide.
And I think within a month she was engaged with the team and, you know, we can see by the chart that it's been a successful engagement. She is getting her community-based

services and staying out of the hospital.
Q In your answer you referred to the successful engagement by the team. What did you mean by that?
A Well, oftentimes in these kinds of situations, people might be initially resistant to the team. They may have had negative experiences in the past. They may not like the medications. They may not like mental health workers. And so they are either very reticent or unwilling to make a commitment to actually engage with the team.
Q What is the standard response for mental health providers who encounter someone who is reticent or unwilling to engage with the team?
A In terms of a nonPACT situation or PACT?
Q Let's start with PACT and then we'll talk about nonPACT.
A Okay. Well, in the situations with PACT, PACT team members are going to expect a level of either, you know, "I don't want the service," or what people might call resistance, something like that, so that's to be expected and it's something that, again, with continued engagement and working with the person and, again, trying to explain the benefits and, you know, how this can help their daily lives, generally speaking, over time people will say, "Well, I will give it a try."
So the PACT teams, you know, traditionally and generally, they don't easily give up on people whereas in other community services, if someone says, you know, "I don't want the

service," or "Go away," or "I am not going to take my medication," you know, oftentimes the response is, "Oh, well," and the people throw up their hands and the person doesn't get served. Obviously, we know what happens. They deteriorate, there is a crisis, the crisis isn't averted, something happens, and then they are admitted to a hospital.

Q In your answer just there, you testified that in a nonPACT situation, oftentimes the response is to say, "Oh, well," and the providers will throw up their hands. Is that the appropriate response?

A No.

Q What is the appropriate response to somebody who is reticent to engage in services in a nonPACT context?

A Well, the appropriate response would be to try to understand what are the barriers and why is this person or what are the reason or reasons why this person is unwilling to either engage in the services, take medication, see the doctor, or whatever it is.

So you have to -- you have to try to understand also what the person's historical experiences have been, if they have had bad experiences with either community-based or hospitals and try to understand why they're being resistent and then try to work through and, you know, in a solution-based way, to figure out, you know, a way that this can be presented so that they will at least give it a try.

Q Other than for person 62, did you see evidence of this kind of persistent engagement by providers in Mississippi?
A Unfortunately not.
Q You mentioned that you met two people who were receiving PACT services. Were there other people you met who you recommended PACT services for and were not receiving it?
A Yes.
Q Let's talk about one of those people, person 87. Would you turn to page 120 of your report, please. And can you tell us, please, a bit about person 87?
A This gentleman is a mid-thirties, African-American fellow. He has had multiple hospitalizations and he has had problems with medication adherence and has not unfortunately received, again, the services and the level of support that he needs to keep him stabilized in the community and functioning well.
Additionally, he has had episodic problems with substance abuse which further complicate, you know, his clinical picture.
Q Why did you determine that he would be appropriate for PACT services?
A That determination in part was made because, again, of the number of hospitalizations. He had problems again with, you know, his medication adherence. He also had, you know, as I indicated, problems with substance abuse. So if he were, you know, hooked up to a PACT team, many of these issues, if not all, could have been better addressed.

Q How would a PACT team go about addressing some of these issues?
A Well, I think they would begin by trying to, you know, make an assessment of him and to try to understand, you know, what does this fellow want, you know, in terms of what would improve his life. In this gentleman's case, for example, he was unemployed and he was looking for work. He wanted to acquire some skills and get into the job market.

So I think that if -- it's like anybody else. If you figure out what they want and you can help them get there, the chances are that they're going to become more adherent with the medications because they want to be successful in either their training or their job.
Q Was PACT available in his home county?
A No, it wasn't.
Q In your report, you describe something called intensive home-based support services. Can you explain what that is?
A Sure. Intensive home-based services would be services that are provided either in the home or in a natural environment, and they would -- you know, they could be psychotherapy services, they could be psychoeducational services for the person and/or their family members. There could be socialization services, assistance with acquiring benefits, you know, or if the person, you know, is having problems with their disability, you know, claim or something like that, they could

help with that. So they are services that they are pretty much home-based that are designed to keep the person stable and, you know, over time, you know, with some success, the services could be then transitioned to a more traditional setting like a community mental health center.

Q What does intensive mean in the label here?

A Intensive would mean that you would be seeing the person, you know, at least a couple times a week and be available pretty much, you know, when, like, for example, if a crisis occurs, to be available and, again, to be flexible in terms of where you might meet the person and also flexibility with the level of intensity of the services based on what their clinical needs are.

Q How do intensive home-based support services compare to PACT services?

A Well, PACT services would be the most intensive. They would differ also in the PACT team would be a large entity. Intensive home can be either provided by an individual or a small team. With the PACT team, there is always at least one prescriber on the team that is immediately available whereas in an intensive home, generally there is not a nurse or a psychiatrist as part of that team so they would have to negotiate if there is any medication issues. They would have to negotiate with the provider to, you know, secure whatever they need.

Q Would you give an example of some factors that might differentiate somebody who is appropriate for PACT services versus somebody who is appropriate for intensive home-based support services.
A Yes. Generally people that receive PACT services have had multiple hospitalizations. They may have a co-occurring substance issue. They may have also had, like, some forensic involvement or had problems with being homeless or things of that nature whereas the needs of people that receive intensive home are not as -- quite as acute generally as those who receive PACT services.
Q I would like to talk about this in the context of person 63. Could we go to page 40 of your report, please? And could you tell us a little bit about person 63?
A Person 63 again is an African-American male, unmarried, in his mid thirties, who has had three hospitalizations. He had had some work history and some educational history, and he was unfortunately not appropriately hooked up to the mental health service, the community-based mental health services, and had had a couple situations that resulted in hospitalizations.
Q How many times had person 63 been to a State Hospital?
A Three.
Q Was he held in county jails before he went to the hospital?
A Yes.
Q Did you determine that he would benefit from intensive

home-based support services?
A I did.
Q Why is that?
A He had had some unfortunate experiences historically with the community mental health center. And my thinking was that we would try a different approach and try to see if he could get used to receiving some of the services in an environment that was more comfortable to him and then be able to move from there.
Q Why did you conclude intensive home-based support services as opposed to PACT?
A In my clinical judgment, I didn't -- I wanted to try with the less intensive, because he had not had that experience, see how that worked, and then go from there.
Q What services was he receiving at the time that you met him?
A None.
Q Did you determine that he was at serious risk of going back to a hospital?
A Yes.
Q Why was that?
A Because he was not getting the necessary supports. This is a gentleman that had had a number of family crises. He was not getting any assistance with the family crises. And, you know, this had happened three times. And without any kind of

intervention, you know, it would, you know, arguably happen again.
Q What effect can going without mental health services have on a person's mental health?
A Well, it would, you know, cause it to continue to deteriorate.
Q As a person's mental health continues to deteriorate, does that impact the intensity of services the person will require?
A Yes, it does.
Q Are you familiar with mobile crisis services?
A Yes.
Q What are mobile crisis services?
A Mobile crisis services are oftentimes provided by a team, and they are -- well, they're mobile. I mean, the people, you know, if there is a crisis, they will oftentimes go to the person's home or wherever they are and try to understand what's going on and try to resolve the crisis and prevent any further deterioration and prevent hospitalization if at all possible.
Q What impact do mobile crisis services have on whether people are hospitalized in a State Hospital?
A Ideally, if the services are effective, the crisis will be resolved and hospitalization would not then be indicated.
Q Did you see evidence that the people you reviewed had received mobile crisis services before they were hospitalized?
A Unfortunately, no.

Q You have been talking about what happens before hospitalization. I would like to talk now about what happens when a person is in a hospital and preparing to leave. Are you familiar with the term "discharge planning"?
A Yes.
Q What is discharge planning?
A Discharge planning is a process by which the service needs of the person are carefully considered and a plan is developed. This usually involves staff from the hospital, so it would be the hospital treatment team, and a representative or representatives from the receiving community mental health center so that they would be able to exchange information, you know, any new information they could consider, and they would be able to, you know, with a common understanding, figure out what the best service package is so that when the person leaves the hospital, the services are in place and, you know, it's more of a seamless transition.
Q When does discharge planning begin?
A Well, ideally on the first day of admission.
Q What does it mean for discharge planning to begin on the first day of admission?
A Well, what it means is that, you know, when the person comes in, that they're going to at some point leave. So when you begin the process, you know -- and, again, a lot of this is information collection, information sharing -- the better

informed everyone is right from the beginning, you can then better plan for a successful transition to the community when discharge occurs.

Q Could you give a concrete example of something -- a piece of discharge planning that would happen at the first day when you might not necessarily know when the person is leaving?

A Well, one part would be to invite a representative from, say, if the person historically had been currently receiving community-based mental health services, to invite someone from his team at the community mental health center to the hospital so that that person could brief the hospital team on, you know, what was happening prior to the admission. And then the person, you know, from the community mental health center would then be able to better understand what the treatment team on the inpatient side, what their thinking is and what their plan is.

So, again, I mean, the goal here is that the information is shared, that there is good communication between the two providers, and that also that the -- that the person is factored into this, most importantly. I mean, it's their plan. And, you know, it could also involve the person's family members so that everybody understands what happened and going forward what needs to be in place so that the person can have a successful reentry into the community.

Q I think you've touched on this but just so we're clear, who

is involved in discharge planning?
A Well, ideally, you would have, again, a representative from the community mental health center, the treatment team in the inpatient facility. There could be an advocate. There could be another family member, significant other. And, you know, again, most importantly we would hope that the person themselves would be actively involved so that, again, everybody has a full understanding of, you know, what's involved and what's the best way to collectively move forward.
Q What does discharge planning need to address in order to be appropriate?
A Well, I think it would need to address, you know, what the person's situation is. So, for example, if someone is admitted and they don't have income or they don't have any benefits or they don't have housing or those kinds of supports, those kinds of things have to be addressed. If there are medication issues, that needs to be considered. Oftentimes with some medications, they require very specific lab work so those kinds of arrangements would have to be made.
So all of these different pieces need to be identified, understood, and put in place prior to discharge so, again, that when the person moves from the hospital, which is the most intensive point on the continuum of care, to the community, that the person's needs are well understood and that there is an opportunity and a chance before they're discharged to put

whatever services and supports are necessary to make sure that those are in place so that when the discharge occurs, this can just smoothly move forward.

Q What impact does discharge planning have on the chances that somebody will be at serious risk of going back into a State Hospital when they are discharged?

A Well, poor discharge planning oftentimes is a factor in a readmission.

Q Why is that?

A Because the groundwork wasn't done. There oftentimes was not either a collaboration or cooperation between the two teams and the -- sort of the continuity of service and planning is lost and, therefore, when discharge occurs into the community, the person does not have the necessary services and supports in place and, you know, things fall apart. There's a crisis occurs, whatever it might be, and the person ends up, you know, rehospitalized.

Q I would like to show you a portion of the deposition of Charles Carlisle. And I will represent to you that he is the director of East Mississippi State Hospital.

MR. SCHUTZER: Your Honor, this is a page from the deposition designations that are Exhibit 2 of the pretrial order. Page 492.

BY MR. SCHUTZER:

Q Would you read this excerpt, please?

A The question is: "Do you view it as important for East Mississippi State Hospital to attempt to connect individuals discharged from this facility to the right services to maximize the likelihood that they will be successful in the community?"

The answer is: "I think it is our responsibility to get them in contact with the community mental health center as a good, you know, *Here they are. You know, we have stabilized them. This is the medication that they're on.*"

Q Is this consistent with the standard of practice related to discharge planning?

A Unfortunately, it's not.

Q Why not?

A Well, from the response, again, I mean, it's sort of, you know, "On the hospital side, we did this, and now you do this." And there isn't -- again, there isn't the shared thinking and consideration of what happened and what's the best way moving forward using both teams and their expertise and their experience to fashion a plan that, you know, is going to increase the likelihood that the person will have a successful transition into the community and maintain their community tenure.

Q And I should say for the record it's page 492 of the designated depositions. It's page 151 of Dr. Carlisle's deposition.

Mr. Byrne, if a person has multiple admissions to a State

Hospital, would you expect discharge planning to look different on the second or third or fourth admission than it did on the first one?

A Yes, I would.

Q Why is that?

A Well, if the first discharge occurs and the right kind of planning and the right kind of execution didn't occur, and the person is, you know, readmitted within a month or a short time period thereafter, what ought to happen is that people, you know, really try to think, "Okay, why did this happen so -- in such a short period of time? What did we miss? And in going forward, what do we need to put in place and build so that this person is able to have a successful transition again from the hospital and into the community?"

Q I would like to show you another piece of a deposition. This is from the deposition of Debra Wuichet, W-U-I-C-H-E-T. It's page 199 of the deposition designations that's Exhibit 2 of the pretrial order and it is page 59 of her deposition. Would you read this question and answer, please.

A Sure. The question is: "Do you think that readmission within 30 days of discharge has any bearing on the effectiveness of the discharge plan that the social workers put together for that individual?"

The response, the answer was: "That would be on a case-by case basis but usually the discharge plan was a good plan, it's

just the patients didn't follow through with whatever we had set up for them to do. We can't judge our effectiveness on whether they come back to the hospital."

Q I will represent to you and for the record that Ms. Wuichet is the director of social services at North Mississippi State Hospital.

Is this testimony from Ms. Wuichet consistent with the standard of care for discharge planning?

A No.

Q Why not?

A Well, I mean, first of all, they identified social workers, which that's a good thing, but what we're looking for are teams. You know, what does the treatment team have to say? You know, we need -- you know, in these kinds of situations, you need everybody's input. You know, everybody has something to offer. And it -- and this is obviously true on the inpatient side as well as the outpatient side. So you need that thinking and you need people to kick around, "Okay, we had -- we've had a rehospitalization with a short amount of time. Okay. That suggests strongly that something did not work, because they're back in."

Okay. So then you have to rethink what the planning is and do we need to add services, do we need to look at this differently, what do we need to do? This is typical of -- you know, unfortunately, they're blaming the patient. The patient

has a responsibility. They have a level of responsibility and a role here. It's not the whole thing. So again, we need the excellent thinking of the clinicians to fashion a plan that the person can buy into, except maybe tweak if they need to, and that is doable so that, you know, upon discharge, the person has some, you know, skin in the game in terms of the plan and hopefully, you know, in the future this will turn out better than the last time.

Q Did you observe discharge planning consistent with the standard you've testified about for the people that you reviewed in Mississippi?

A I did not.

Q What did you see instead?

A I saw oftentimes there was a phone call made from someone on the hospital treatment team to the receiving community mental health center. There was a date and appointment and a time identified, and that information was conveyed to the patient.

Q Is that effective?

A No.

Q Why not?

A Well, I mean, again, I mean, you don't have the right process and the right building blocks and the right pieces in place to make it successful.

THE COURT: Hold on. At this time we're going to take

our -- and I really apologize. We're going to take our lunch break.

We're going to put a pin right there, Mr. Byrne, and we will pick back up after the lunch hour.

I hope I'm back and we will be ready to start up at 2:00 p.m.

MR. SCHUTZER: Thank you, Your Honor.

THE COURT: All right. Thank you.

Court is in recess.

(*Lunch Recess*)

CERTIFICATE OF REPORTER

I, BRENDA D. WOLVERTON, Official Court Reporter, United States District Court, Southern District of Mississippi, do hereby certify that the above and foregoing pages contain a full, true and correct transcript of the proceedings had in the aforenamed case at the time and place indicated, which proceedings were recorded by me to the best of my skill and ability.

I certify that the transcript fees and format comply with those prescribed by the Court and Judicial Conference of the United States.

This the 10th day of June, 2019.

s/ Brenda D. Wolverton
U.S. DISTRICT COURT REPORTER